

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/544507</i>	FILING DATE <i>4-6-00</i>					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3			/				53					
4				/			54					
5					/		55					
6						/	56					
7							57					
8							58					
9	/						59					
10		/					60					
11			/				61					
12				/			62					
13					/		63					
14						/	64					
15							65					
16							66					
17	/						67					
18		/					68					
19			/				69					
20				/			70					
21					/		71					
22						/	72					
23							73					
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25							75					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	21	↓		↓		↓	TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	24						TOTAL CLAIMS					

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